



APPLICATION FOR IN-SERVICE TRAINING

VERMONT CRIMINAL JUSTICE TRAINING COUNCIL, 317 ACADEMY ROAD, PITTSFORD, VT 05763

PHONE: (802) 483-6228, FAX: (802) 483-2343

Instructions

- ✓ ALL in-service training requests require completion of this form. Please be sure to complete all sections as they pertain to the applicant.
- ✓ **14 Days notice is required if you are unable to attend the training—by not canceling with us you may be keeping someone else who needs the training from taking it. *You may be charged for the training if you don't notify us 14 days prior without good reason.***
- ✓ The agency may send substitutes to replace the original applicant.
- ✓ Registrations are first come first served, unless otherwise noted.
- ✓ To complete this form, click on the gray boxes and type in the required response(s).

Course Information	
Course Title:	
Location:	Date: / / Time:
Applicant Information	
Applicant's Name:	
Rank:	Last 4 Digits of SS#: DOB / /
Agency:	
Agency Address:	
Agency Phone: - -	Applicant's Email Address:
Food and Rooms	
Please fill out the following information to ensure that we have enough food and enough rooms for everyone attending the training.	
<input type="checkbox"/> COMMUTER. I intend to commute to the academy for this in-service training and WILL NOT need a room reservation.	
<input type="checkbox"/> OVERNIGHT. Please reserve me a room at the academy, I WILL need a room reservation.	
Not Sponsored/Approved	Sponsored/Approved
The applicant must complete the following only if you are attending the training WITHOUT AGENCY SPONSORSHIP/APPROVAL.	The agency head/designee must complete this section if the applicant is sponsored/approved to attend this training by the department/agency.
<input type="checkbox"/> I am not being sponsored/approved to attend this training by an agency/department.	<input type="checkbox"/> I am being sponsored/approved to attend this training by my agency/department.
I _____, release the Vermont Criminal Justice Training Council and any department/agency officially connected or associated with this training program from any liability in the case of illness or accident during such training. Further, I accept sole personal responsibility for all financial obligations associated with my attendance at this program.	The _____ Agency/Department approves this applicant for the training and releases the Vermont Criminal Justice Training Council and any department or agency officially connected or associated with this training program from any liability in the case of illness or accident during such training. Further, this agency/department accepts sole responsibility for all financial obligations associated with the applicant's attendance at this program.
Signature: _____ Date: / /	Signature of Agency Head: _____ Date: / /